

## **Wisconsin's Sexually Violent Person Law, Chapter 980**

# **Supervised Release Program**

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## **WI had a special “Sex Crimes Law” commitment during 1960-70’S**

- Chapter 975 - was repealed during the early 1980’s.
- Commitment under this law was in lieu of sentencing.
- Repealed because of a lack of effectiveness.

## **Chapter 980 Wisconsin’s Sexually Violent Persons (SVP) Law:**

- Statute created in 1994.
- Sparked by highly visible, controversial case.

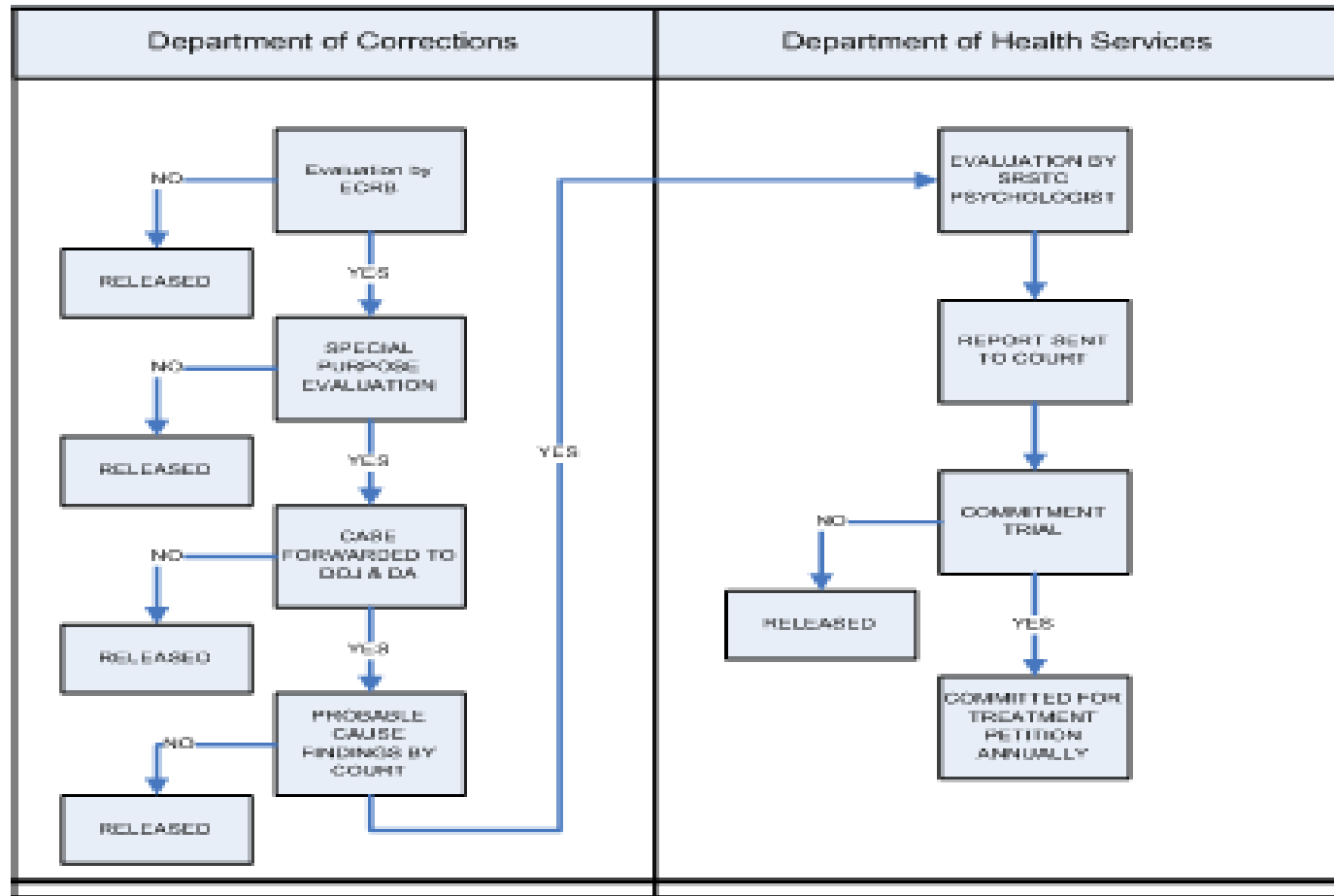
# What is Chapter 980?

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- Involuntary civil commitment
- Indefinite commitment with annual review
- Commitment and release process controlled and decided by the Wisconsin Circuit Courts

# Chapter 980 Review and Commitment Process

## Chapter 980 Review and Commitment Process



- 1) Pre and post probable cause evaluation-SRSTC Evaluation Unit
- 2) Detention
- 3) Inpatient commitment
- 4) SVP treatment (inpatient and outpatient)
- 5) Annual court reports
- 6) Supervised Release Program – state wide
- 7) SR and Discharge
  - Sex Offender Registration
  - Victim Notification
  - High Profile Notifications
  - Community Notification – SBN (all DHS)
    - Core meetings with law enforcement
    - Community Notification meetings

- **Detained:** Persons who are being held in a Chapter 980 facility, but have not had their commitment trial.
- **Committed to Institution:** Persons who have been committed under Chapter 980 and ordered to be placed in the institution.
- **Supervised Release:** Committed under Chapter 980 and ordered to be placed in the community by the committing court. Individuals placed in the community remain under DHS care, custody and control.

# Wisconsin SVP Key Terms

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- **Discharge:** Persons who had been committed under Chapter 980 but the commitment was ended by a court order. A person is discharged from the 980 commitment if the court concludes that the person no longer meets the definition of a Sexually Violent Person.
- **Dual Status:** Persons who are detained or committed under Chapter 980, but who have been returned to DOC for a previous or subsequent criminal sentence. This additional corrections time may have been the result of a parole revocation or a sentencing for a new crime. (MOU)
- **Revocation:** A court process where an individual's Supervised Release is revoked and the person is returned to the institution. Revocations can occur because of rule violations or because of dangerousness to others.

## **1) Person was convicted, adjudicated delinquent or found not guilty by reason of mental disease for a sexually violent offense.**

- Person can be committed from a juvenile or adult correctional facility or from a state mental hospital.
- Sexually violent offense includes first, second and third degree sexual assault, sexual assault of a child, child enticement, or other felonies if the crime was sexually motivated.



**2) At the time of the petition for probable cause, the person was within 90 days of discharge or release from a facility, while in custody for the 980 eligible offense.**

## **3) Person has a mental disorder**

- Statutory definition: Congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence.

**4) Person is dangerous to others because the person's mental disorder makes it likely that he or she will engage in acts of sexual violence.**

- More likely than not to commit a future act of sexual violence over the lifetime of the person

# Annual Evaluation

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Chapter 980 requires DHS to submit an annual report to the committing court on each patient, consisting of two documents:

- 1) A re-exam completed by a DHS examiner; Licensed Psychologist-Chapter 980. Report reflects psychologist's professional opinion regarding continued commitment and supervised release.
- 2) A treatment progress report reflecting the consensus of the patient's treatment team and regarding the person meeting threshold of significant progress in treatment; DHS Treatment Evaluator.

Patient may petition the Court for discharge or supervised or both within 30-days of DHS' submission of annual report

# Discharge Criteria

- The person's condition has changed since the date of his or her initial commitment order so that the person does not meet the criteria for commitment as a sexually violent person (probable cause for trial):
- The person has a predisposing mental disorder AND
- The person is likely to commit future acts of sexual violence
- Hearing may convert to Supervised Release consideration

## Supervised Release Criteria

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- 1) Person has made **significant progress in treatment\*** and the progress can be sustained while on SR
- 1) It is “substantially probable” that the person will not engage in acts of sexual violence while on SR
- 3) Treatment and treatment provider are available in the community.

## **Supervised Release Criteria**

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- 4) Person can be expected to comply with treatment and conditions of supervision.
- 5) Reasonable level of resources can provide for the level of treatment, supervision, housing, and safe management of the offender.

# \*Significant Progress in Treatment

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980.01(8) **(8)** "Significant progress in treatment" means that the person has done all of the following:

- Meaningfully participated in the treatment program specifically designed to reduce his or her risk to reoffend offered at a facility.
- Participated in the treatment program at a level that was sufficient to allow the identification of his or her specific treatment needs and then demonstrated, through overt behavior, a willingness to work on addressing the specific treatment needs.
- Demonstrated an understanding of the thoughts, attitudes, emotions, behaviors, and sexual arousal linked to his or her sexual offending and an ability to identify when the thoughts, emotions, behaviors, or sexual arousal occur.
- Demonstrated sufficiently sustained change in the thoughts, attitudes, emotions, and behaviors and sufficient management of sexual arousal such that one could reasonably assume that, with continued treatment, the change could be maintained.



## **Supervised Release Process**

- Supervised Release decisions are made by the court with no option for a jury
- Expert testimony provided by DHS Evaluator and DHS Treatment Evaluator; defense and prosecution
- Court orders DHS to develop an SR plan and submit it to the court in 90 days

# Supervised Release Process

- If court approves the plan, SR is ordered by the court.
- If SR plan is not approved because it does not meet the treatment needs of the individual or the safety needs of the community, a new plan will be developed or the court may conclude that SR is not appropriate.
- **Note: Majority of Supervised Releases are stipulated agreements or in lieu of discharge, despite the law stating that the court may not grant SR unless all 5 criteria are met**

## **Supervised Release Revocation**

- DHS has authority to detain SR clients in custody up to 72 hours; excluding weekends and holidays
- Custody for suspected violations of any conditions or rules (investigation), threats to violate
- If DHS believes rules or conditions have been violated it may petition for revocation
- If DHS believes the person is a threat to safety it shall petition for revocation

# Supervised Release Revocation

- Revocation hearing before a judge, without a jury
- Standard of clear and convincing evidence
- Testimony provided by SR Team members; expert testimony by Treatment Evaluators
- Court may revoke and return to institution or consider alternatives (ATR experience) if rules or conditions are violated
- Court shall revoke and return to institution if person is a threat to safety

# Supervised Release Planning

- Referral for placement on Transitional Living Unit
  - 9 beds; dormitory style
  - Monitored, no staff 24/7
  - Independent living skill development and assessment
- SRSTC, SR Team develop plan; submitted to Court by SR Specialist

# Supervised Release Planning

- Statutorily mandated SR Services
  - Supervision
  - Treatment (SOT and AODA, mental health disorder)
  - Medications (mental health and disorder related; antiandrogen)
  - Residence
  - Community support services
  - Vocational services
  - GPS
  - Direct escort for first year

# Supervised Release Planning

- Statutory residence requirements
  - Consider all submissions from other entities (never)
  - County of residence
  - No facility existing after 2006
  - Consider others on SR and others for which a Special Bulletin Notice was issued (2-strike cases)
- Program residence considerations
  - No “entities” within 2 blocks (DHS and DOC review)
  - Open rental agreement (up to one year)
  - Distance from services and response
  - Single residence
  - Safe environment for client and staff monitoring
  - Perception

- SR clients reside in independent or residential setting, in their county of residence; regularly monitored
- Ongoing discharge planning and networking with community support services; continuous reintegration
- Clients are expected to seek out and obtain employment
- SR clients are required to “contribute to the cost of their care according to their ability to pay”



- Team approach and consensus (conflict resolution process)
- When consensus is not reached; most conservative prevails
- Regular staffings and continuous collaboration
- Personal responsibility
- Continuity of treatment from SRSTC
- Increased opportunities and decreased surveillance with compliance, qualitative change and treatment progress



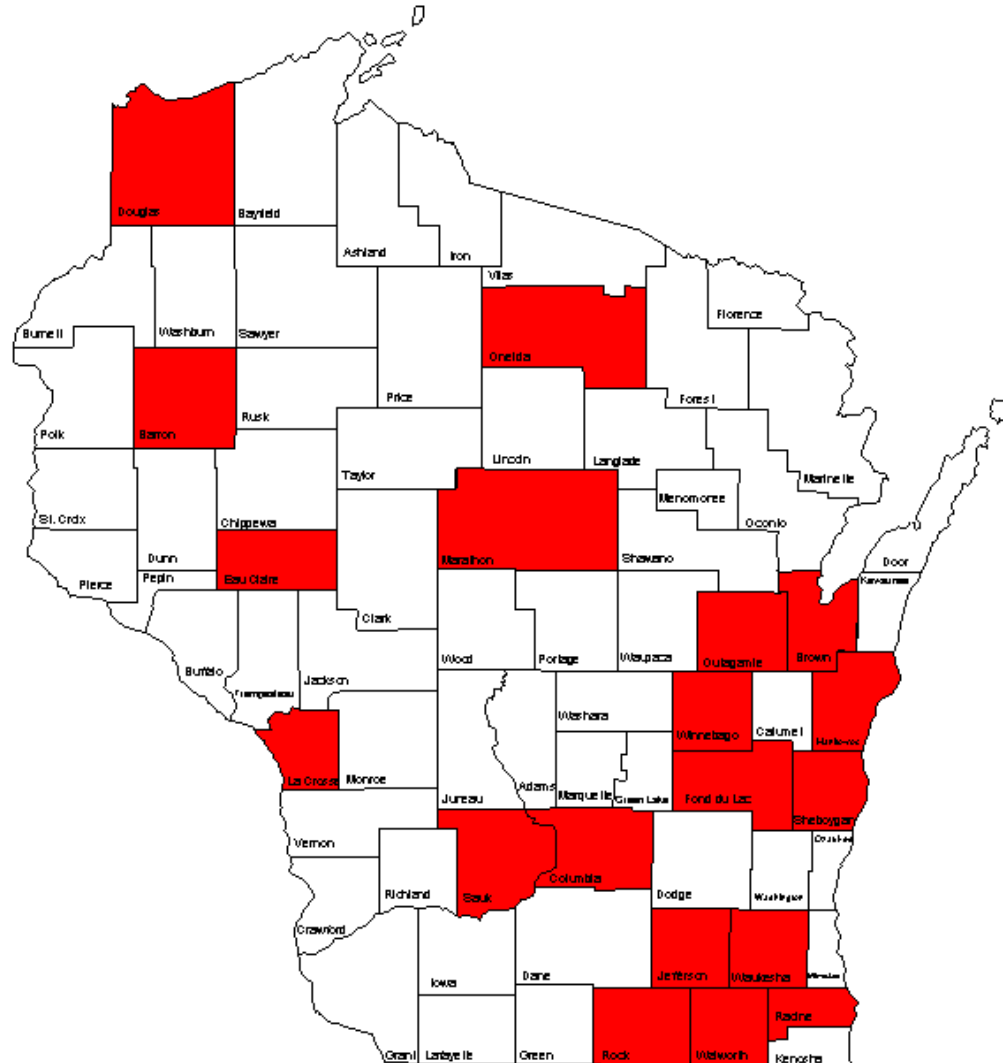
## Supervised Release Program

- Contracted services with DOC – Supervision, GPS, EMP
- Contracted services with ATTIC – Monitoring, transportation, direct supervision
- Contracted services with individual Tx Providers – Regional base
- Contracted services for special needs – psychiatric, medication monitoring, AODA, residential supportive services



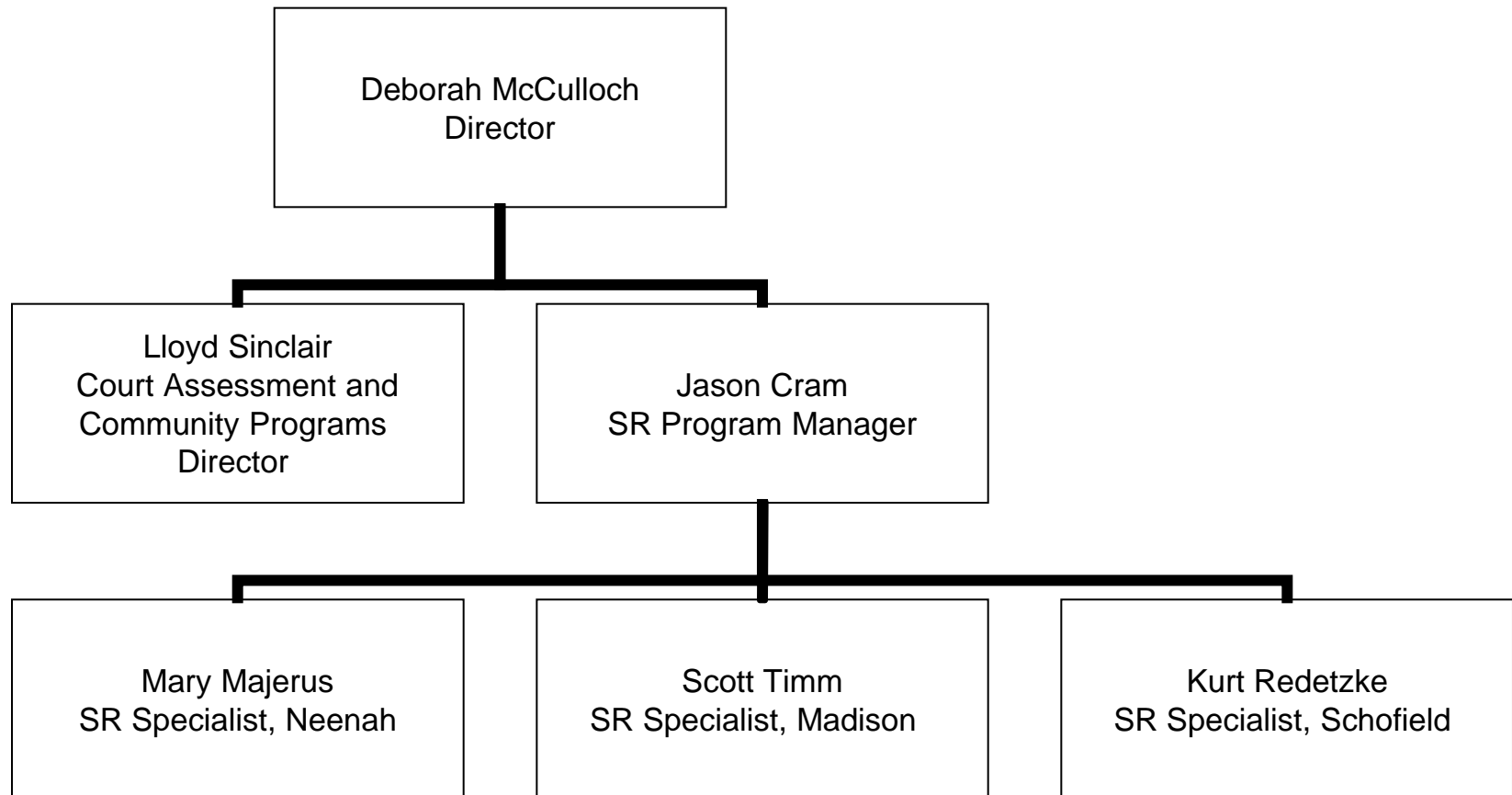
## Supervised Release Program

- Polygraph – at Sand Ridge
- Lease agreements; utilities and services (e.g. snow removal, lawn care in 1<sup>st</sup> year)
- Case management includes financial management
- SORP and SBN
  - CORE meetings
  - Community Notification

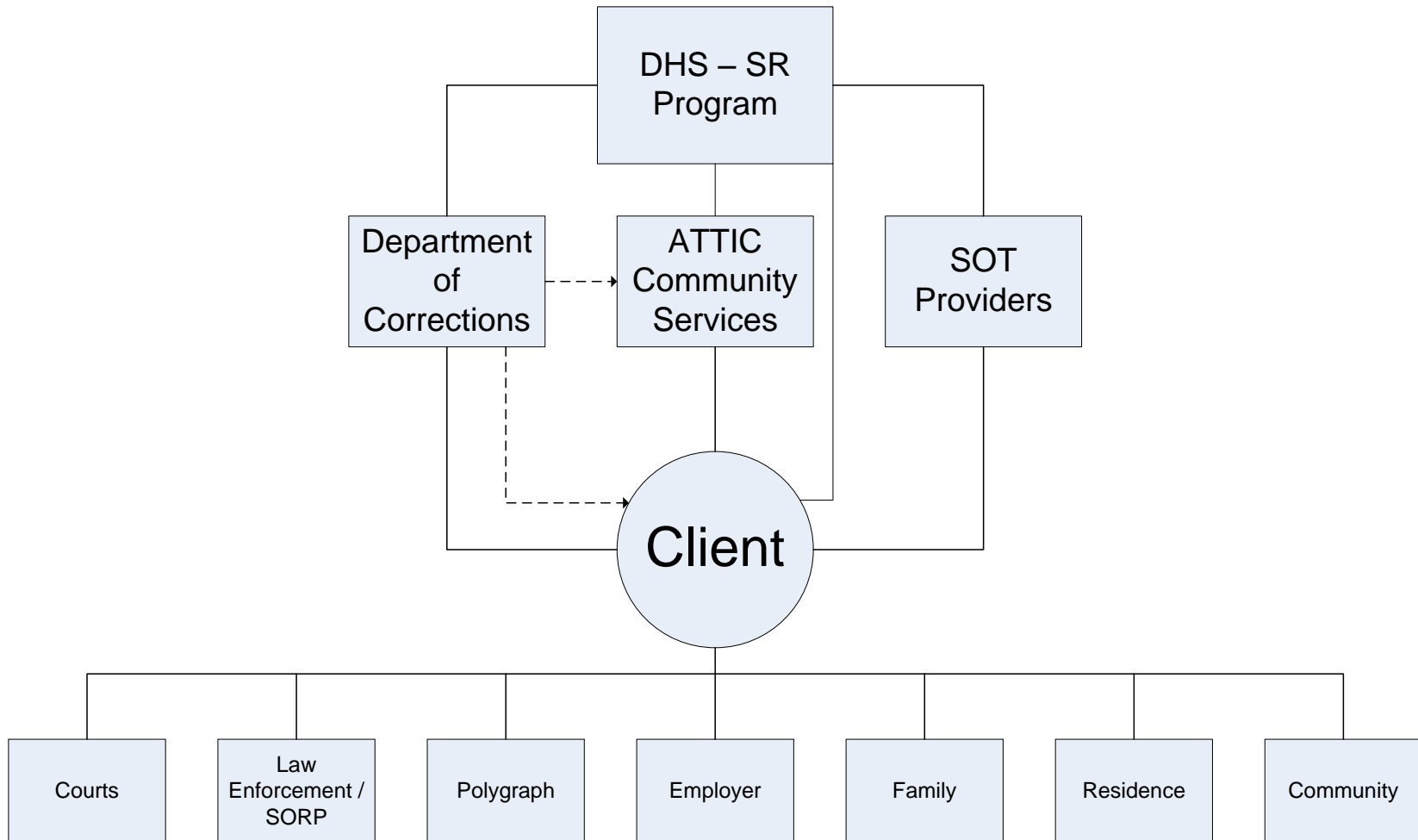


# SR Organizational Chart

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# Supervised Release Team



# Supervised Release Rules

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The SR Rules are specific but broadly cover:

- Compliance with federal, state, and municipal statutes and general supervision rules
- Accountability for whereabouts and restrictions
- Approved contacts and prohibited contacts-relationships
- Compliance with assessment, treatment and recommendations
- Compliance with disclosure and releases
- Rules about financial management, property and possessions
- Compliance with electronic monitoring devices

# CLIENT'S ROLE

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- Follow rules of supervision SR Plan
- Reasonable effort to obtain employment
- Actively participate in SOT
- Move towards independence and community participation
- Be honest with treatment team
- Actively involved in the development and follow through of individual plan



# SR SPECIALIST'S ROLE

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- Contract Oversight
- Team leader, facilitate staffings
- Case management
- Coordinate monthly monitoring, escorting, and GPS schedules and regular polygraph
- Secure residences and arrange for utilities, rent, furniture, etc.
- Keep SR Oversight and managers informed
- Continuous communication with team
- Keep Court informed, submit reports and petitions
- Conduct investigations when necessary

# DOC AGENT'S ROLE

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- Coordinates GPS and EMP activities and schedules
- Weekly office and home visits
- Oversight of rule compliance
- Arranges custody when necessary
- Conducts investigations and searches
- Consults and assists with residence and employment searches
- Collaborates with SR Specialist

# ATTIC'S ROLE

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- Escorting and monitoring services as directed by DOC and DHS and in accordance with statute
- Transportation to/from designated locations
- Random monitoring services in residences, etc.
- Monitors, documents and communicates activities with clients (community eyes and ears)
- Program Supervisors are active members in community treatment teams

# SOT PROVIDER'S ROLE

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- Provide Sex Offender Treatment
  - individual and group
  - usually weekly
  - collaborate and communicate with other tx providers (psychiatrist, AODA)
- Active member of the community treatment team
- Clinical supervision provided by SRSTC
- Training and implementation of treatment consistent with SRSTC SVP Program

# ANCILLARY ROLES

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- **Courts**
  - Approves plan and modifications
  - Determine legal status changes
  - Specialized attorneys involved (most often)
- **Law Enforcement**
  - Authority for and decisions related to notification
  - Partners in residence, at times
- **SORP = Sex offender registration program**
  - Places client on sex offender registry
  - Knowledgeable of municipal ordinances
  - Participates in notification with SR Specialist and LE

# ANCILLARY ROLES

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- **Polygraph**
  - **Polygraph services at SRSTC**
  - **Polygraphs on sexual thoughts and fantasies; maintenance; special issues; and rule compliance**
- **Employer**
  - **Fully informed of client status**
  - **Works cooperatively with agent and specialist**
  - **Approves monitoring staff present when necessary**
- **Family, Friends, Clergy and other community supports**
  - **Many families choose not to be involved**
  - **Some present as a barrier to success**
  - **Some are conduit to success**

# ANCILLARY ROLES

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## **Residence**

- **Accept risk in terms of negative community reactions**
- **Reliable payment and care of residence**
- **SRSTC holds lease**
- **Residence location is thoroughly vetted**
- **Residence interior is secured**

## **Community**

- **Difficult to predict community reaction**
- **Citizens are vigilant when they are aware of placement**
- **Community invited to make contact with SR team**

## Current SVPs

Committed	314
Detained	50
Supervised Release	23
SR Orders	7
ATR	1
Dual Status-DOC	12

## Historical SVPs

SR Placements	95
SR Revocations	38
Deaths	22
SR Discharges	30
Institution Discharges	66



- SRSTC-FY11 Budget \$43.2 million
- Supervised Release-FY11 Budget \$1.7 million
- Inpatient-approx. \$150,000/yr.  
-\$388/day
- SR-approx. \$75,000/yr.

# SR Program Challenges

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- Residence
- Medical care
- Employment
- Financial independence / self sufficiency
- Client motivation
- Available/qualified treatment providers
- Special needs care and coordination
- Increasing census/turn over

## **Lessons Learned**

- Nobody really wants a SVP living in their neighborhood
  - Personal contact and compassion goes a long way
  - Prepare the community as you prepare the client
  - Accept perception as reality (proximity issues vs. risk)
  - Notoriety of the client can't be ignored or compromised
  - Acknowledge and support victims
  - Community relationships are key and take time
  - Embrace political reality and work together with a common goal (legislation for community safety)
  
- One community does not define the program
  - The Milwaukee experience
  - Southeastern Wisconsin

## **Lessons Learned**

- Supervised Release and subsequent discharge still presents a significant risk to reoffend when supervision is ineffective or withdrawn
  - Continuously support, train and supervise staff in the community
  - He looks good; while he's on supervision and receiving support, treatment and services
  - High revocation rate is not an indication of failure
  - Just because he no longer meets criteria doesn't mean...

## **Lessons Learned**

- Conflict is inevitable (balance treatment / security)
  - Functional teams take time to develop; let them form
  - Collaborate early and collaborate often
  - Develop decision making authority
  - Clearly define roles
  - Plan for resolution process for conflicts
  - Develop a principal for “the bottom line”
  - Be patient
  - Acknowledge and respect individual expertise and contribution to the team
  - You don’t do it all best, others do things better, learn from them, teach them what you know

## Lessons Learned

- Never underestimate institutionalization or overestimate the abilities of clients
  - Many clients have been institutionalized for decades
  - Technological changes are incomprehensible
  - Developing client support network is critical
  - Pre-release planning and preparation are essential
  - Continuity of care assists more than the client's transition

## **Lessons Learned**

- Never underestimate institutionalization or overestimate the abilities of clients
  - Assessment and observation
  - There is no substitute for transition to reality
  - Involving the client with the team before release builds relationships and trust
  - Pre-release planning and preparation are essential for the client and the team
  - Continuity of care assists more than the client's transition

## **Lessons Learned**

- Instill stewardship of program and resources to entire team
  - Acknowledge program's limitations
  - "Reasonable resources" are the people's resources (GPR funded program)
  - Ownership of the program
- The program is only as good as the people
  - Support, continuously train, supervise and thank and acknowledge the staff on the front lines
  - Provide effective leadership, guidance, be available